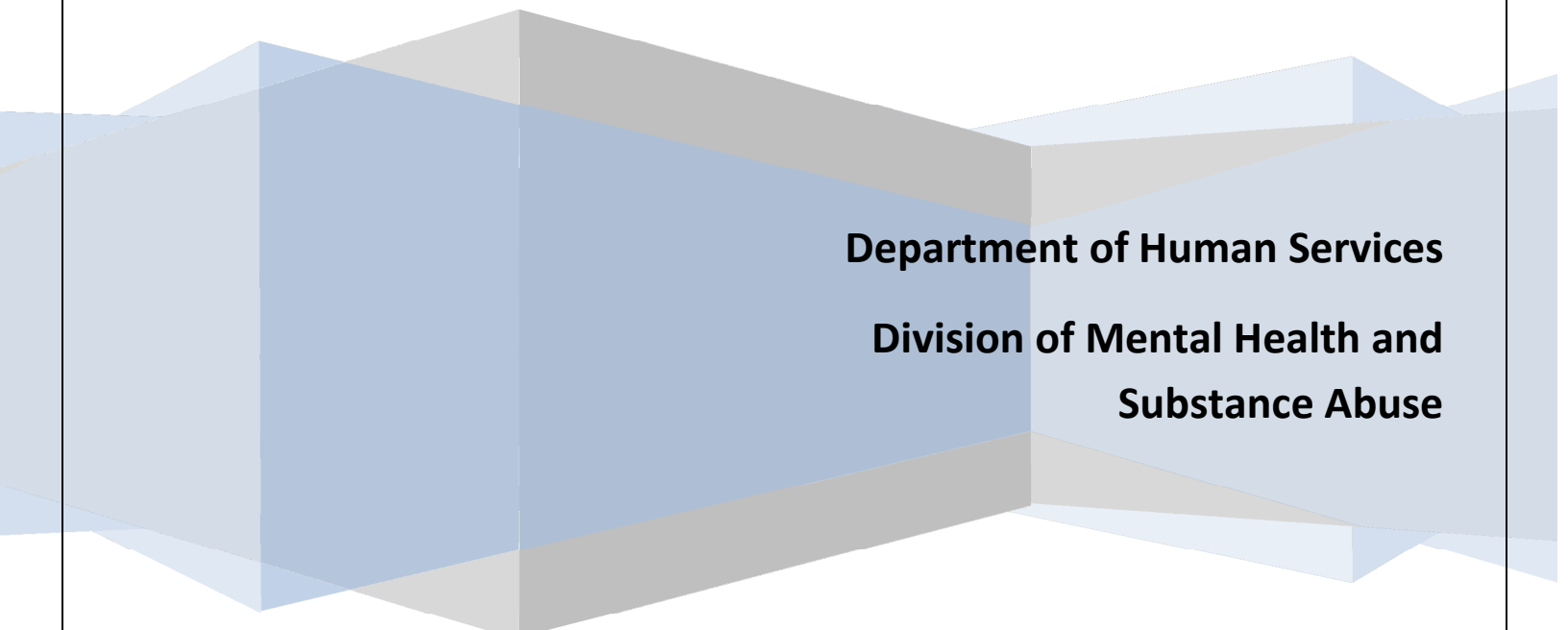


Peer Specialist

Certification Process



**Department of Human Services
Division of Mental Health and
Substance Abuse**

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PART ONE

GENERAL INFORMATION

The Department of Human Services may refuse to issue a credential to any applicant, may issue a reprimand, or suspend or revoke the credential of any certified individual who has been convicted of a felony, is found to have been in violation of the Code of Ethics, or falsifies any information.

INTRODUCTION

The Peer Specialist Certification process provides certification for individuals in the State of North Dakota who provide direct peer-to-peer services to others diagnosed with mental illness. Because of their life experience with mental illness, Certified Peer Specialists are able to use their unique experience to inspire hope and provide support to others. This certification will allow Peer Specialists to provide a level of service and support that other professional training cannot replicate.

To be certified as a Peer Specialist in the State of North Dakota, you must:

1. Meet specific competency and ethical conduct requirements;
2. Possess minimum work and experience requirements;
3. Possess minimum education and training requirements;
4. Complete Background Check requirements; and
5. Complete minimum continuing education credits annually to maintain a current knowledge base.

PURPOSE

The purpose of the certification process for Certified Peer Specialists is to:

1. Assure a minimum level of competency for quality services by Certified Peer Specialists.
2. Give professional recognition to qualified Certified Peer Specialists through a process that requires demonstrated work competencies.
3. Assure an opportunity for ongoing professional development for Certified Peer Specialists.
4. Promote professional and ethical practice by enforcing adherence to a Code of Ethics.

Certification does not imply the Certified Peer Specialists are qualified to diagnose an illness, nor prescribe or provide clinical services. The Peer Specialist Certification Process is not an offer of employment or job placement by the North Dakota Department of Human Services. The certification in no way guarantees employment. Each person certified as a Peer Specialist is responsible for seeking and obtaining employment in his or her community.

The Department of Human Services reserves the right to make any necessary changes to the Peer Specialist Certification Process to ensure acceptable standards are maintained.

DEFINITION OF A CERTIFIED PEER SPECIALIST

A Peer Specialist is an occupational title for a person who has progressed in their own recovery from a mental health disorder and is working to assist other people with a mental illness. Because of their life experience, such persons have expertise that professional training cannot replicate. A **Certified Peer Specialist** has undergone certification training and completed the certification process recognized by the North Dakota Department of Human Services.

ROLE OF A CERTIFIED PEER SPECIALIST

Certified Peer Specialists foster their peer's ability to make informed, independent choices; help their peers recognize, and build on their strengths; and help their peers get the information and support they need from the community to make their goals a reality. Peer Specialists perform a wide range of tasks to assist peers in attaining their recovery goals. Specific tasks include, but are not limited to the following:

- Inspire a sense of hope that recovery is an achievable goal;
- Serve as an advocate, life coach, mentor, or facilitator for resolution of issues that a peer is unable to resolve in his or her own way;
- Assist with the identification of community supports for development of a natural support team;
- Assist in the development of recovery goals, and with meeting those goals;
- Currently using their own WRAP and assist with the development of WRAP Plans;
- Assist with the identification of risk factors related to relapse and development of relapse prevention plans and strategies;
- Help client's learn to advocate for themselves, by taking an active role in their treatment planning process and managing their own recovery process;
- Assist clients with developing functional, interpersonal, family, and community living skills that have been negatively impacted by the client's mental illness;
- Assist clients in community re-entry following hospitalization.
- Share Recovery story as appropriate to provide hope and to help change patterns and behaviors.

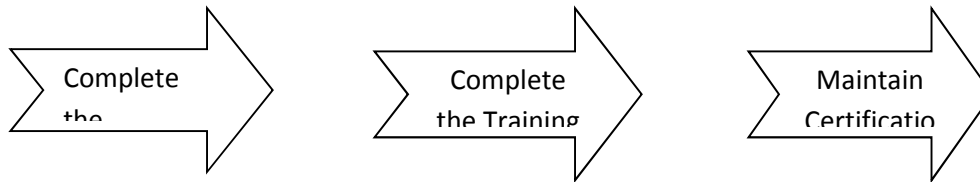
Certification Standards/Minimum Requirements

The Certified Peer Specialist credential is for those persons who have life experience having a mental illness, and possess the knowledge and experience necessary to safely and effectively provide support services to persons receiving mental health services. The following certification standards are the minimum requirements that must be documented in order to earn certification.

Peer Specialist Certification Standards	
Education	Applicant must possess strong verbal, reading and writing skills. A high school diploma or GED is not a requirement.
Experience	100 hours of employment or internship experience related to the mental health field. Self identify as an individual with life experience having a mental illness.
Training	Complete the DMHSA Certification Training Requirements.
Recommendations	Provide 2 personal or professional letters of recommendation for certification.
Code of Ethics	Signed statement agreeing to follow the Code of Ethics.
Written Exams	Satisfactory completion of the exams/quizzes included in the required Training Modules.
Criminal Background & Sex Offender Registry Check	Background Check Process completed through Employing Agency
Renewal	10 Continuing Education Units (CEUs) annually.

PART TWO

THE CERTIFICATION PROCESS



Completing the Certification Application Packet

- a) Please type or neatly print on all required forms. The application must be legible and completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant, along with a request to resubmit typed forms to continue the certification process.
- b) All education, experience, and training must include supporting documentation that can be verified or it will not be counted as eligible.
- c) Once the application is complete, make a copy of the entire application packet, including supporting documentation, in case of damage or loss. *The Division of Mental Health and Substance Abuse Services is not responsible for damage or loss of any materials submitted.*
- d) All statements made on the application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification.

The Department of Human Services reserves the right to research all submitted information. Additional information will be used only to further evaluate an applicant and will be held confidential.

THE CERTIFICATION APPLICATION PACKET FORMS

The application packet consists of the following mandatory forms that demonstrate the applicant's competency in knowledge and skills specifically related to the functions of a Certified Peer Specialist.

- ☐ Application
- ☐ Assurance and Release Form
- ☐ Acknowledgment of the Code of Ethics Form
- ☐ Experience Verification Form(s)
- ☐ Recommendation for Certification Forms (2)
- ☐ Training Verification Form
- ☐ Criminal Background, Child Abuse and Neglect, and Sex Offender Registry Checks Verification Form

Application for Certification – Peer Specialist

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on the application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification.

Section 1 – Demographic Information

Last Name _____ First Name _____

Middle Name _____ SSN _____

Address _____ County _____

City _____ State _____ Zip Code _____ Home Phone _____

Place of Employment _____ Address _____

City _____ State _____ Zip Code _____ Work Phone _____

E-mail _____ Work Fax _____

Please use the following address for correspondence: ____Home ____Work

Section 2 – Background Information

Have you ever been convicted or pled guilty for a crime which is a felony or first degree misdemeanor?

____Yes ____No

Your employing agency is required to complete the Criminal Background Check and Sex Offender Registry Check Process, and provide the results to the Division of Mental Health and Substance Abuse Services.

Section 3 - Assurance and Release Form

The Department of Human Services reserves the right to request further information from all employers and other persons listed on the application form. DHS reserves the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by DHS. Further information may also be requested to verify training, employment history, background checks, etc. This information is not available to others outside of the certification process without written consent from the applicant.

"I give my permission for DHS and its staff to investigate my background, including the request of criminal background, child abuse and neglect, and sex offender registry checks, as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification."

"I further agree to hold DHS free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of DHS to issue certification."

"I understand that by seeking and earning the Certified Peer Specialist credential I am acknowledging and publicly disclosing myself as a consumer of mental health services. Upon award of certification, I understand that my name and my certification status may be included in a public-access database of Certified Recovery Peer Specialists."

"I hereby affirm that the information provided on this application packet is correct and that I believe that I am qualified for the certification for which I am applying."

Print Full Name

Date

Signature

Section 4a - Acknowledgement of the Peer Specialist Code of Ethics

By signing below, you understand that you are required to follow the professional standards of conduct detailed in the Peer Specialist Code of Ethics. You further acknowledge that the Code of Ethics applies to applicants for certification, as well as certified individuals. Your signature is required in this section.

By affixing my signature below...

"I acknowledge that I have received a copy of the Peer Specialist Code of Ethics. I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Code of Ethics. I acknowledge that I will be responsible for obtaining all future amendments and modifications thereto, and will read and understand all of my obligations, duties and responsibilities on these future amendments and modifications as well."

*Print Full Name

Date

Signature

*Please clearly print your name as you would like it to appear on your Certification Certificate.

PEER SPECIALISTS PROFESSIONAL CODE OF ETHICS

The following Code of Ethics, adopted by the Department of Human Services, sets forth the minimum standards of conduct which all Certified Peer Specialists are expected to honor. Failure to comply with the Code of Ethics may result in loss of certification status or other disciplinary measures:

1. Peer Specialists believe that every individual has strengths and the ability to learn and grow.
2. Peer Specialists respect the rights and dignity of those they serve.
3. Peer Specialists openly share their personal recovery stories with colleagues and those they serve.
4. Peer Specialists seek to role-model recovery.
5. Peer Specialists respect the privacy and confidentiality of those they serve.
6. Peer Specialists never intimidate, threaten, or harass those they serve; never use undue influence, physical force, or verbal abuse with those they serve; and never make unwarranted promises of benefits to those they serve.
7. Peer Specialists do not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, or mental or physical disability.
8. Peer Specialists maintain high standards of personal conduct.
9. Peer Specialists conduct themselves in a manner that fosters their own recovery, maintaining healthy behaviors.
10. Peer Specialists do not enter into dual relationships or commitments that conflict with the interests of those they serve.
11. Peer Specialists never engage in sexual/intimate activities with colleagues or those they serve.
12. Peer Specialists do not accept or give gifts of significant value from those they serve.
13. Peer Specialists keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues and those they serve.
14. Peer Specialists meet and comply with all terms, conditions, or limitations of the certification they hold.
15. Peer Specialists do not perform services outside of their area of training, expertise, competence, or scope of practice.
16. Peer Specialists shall obtain an appropriate consultation or make an appropriate referral when the consumer's problem is beyond the area of training, expertise, competence, or scope of practice of a Peer Specialist.
17. A CPS shall request inactive status for medical reasons for so long as is necessary.
18. Peer Specialists will facilitate appropriate therapeutic closures prior to discontinuing services to a consumer.

19. Peer Specialists will report to appropriate personnel when they become aware that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm on another person or persons.
20. Peer Specialists will report to appropriate personnel when they become aware that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm to himself or herself.
21. Peer Specialists shall not falsify, amend, knowingly make incorrect entries, or fail to take timely essential entries into the consumer records and will follow all Federal and State regulations regarding consumer records.
22. Peer Specialists will not refer a consumer to a person that they know is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.
23. Peer Specialists will not provide peer services during the period of any denial, suspension, revocation, probation, or other restriction or discipline on certification.
24. Peer Specialists will cooperate in any investigation conducted pursuant to the Code of Ethics and will not interfere with an investigation or attempt to prevent a disciplinary proceeding from being filed, prosecuted, or completed.
25. Peer Specialists will report any violation of the Code of Ethics.

THE RECOMMENDATION FOR CERTIFICATION INSTRUCTIONS

The Recommendation for Certification Form is completed by professional or personal references who will attest to the applicant's appropriateness for certification. Two recommendations are required. Recommendations may NOT be completed by a spouse or other relative.

1. All recommendation forms must be completed by the individuals providing the recommendation and must be sent directly from that person to the Department of Mental Health and Substance Abuse Services. The Division of Mental Health and Substance Abuse Services will not accept recommendations provided by the applicant.
2. Provide one form to each of your two selected references. Be sure to explain the urgency of completing the form and providing it to the DMHSA. You may want to provide the individual with a due date and a pre-addressed, stamped envelope to use when mailing the form to the DMHSA.
3. Please remember it is your responsibility to follow up with references to ensure the documentation reaches the DMHSA.

Recommendation for Certification Form Instructions

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Certified Peer Specialist credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Description of the Role (see below). Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the Recommendation for Certification Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.
2. Please return the completed form to:

**Division of Mental Health and Substance Abuse Services
Peer Specialist Certification
1237 W. Divide Avenue, Suite 1C
Bismarck, North Dakota 58501-1208**

3. If you have any questions, please contact us at 701-328-8920

Description of Role:

Certified Peer Specialists foster their peer's ability to make informed, independent choices; help their peers recognize, and build on their strengths; and help their peers get the information and support they need from the community to make their goals a reality. Peer Specialists perform a wide range of tasks to assist peers in attaining their recovery goals. Specific tasks include, but are not limited to the following:

- Inspire a sense of hope that recovery is an achievable goal;
- Serve as an advocate, life coach, mentor, or facilitator for resolution of issues;
- Assist with the identification of community supports;
- Assist in the development of recovery goals, and with meeting those goals;
- Assist with the development of WRAP Plans;
- Assist with the identification of risk factors related to relapse and development of relapse prevention plans and strategies;
- Help client's learn to advocate for themselves, by taking an active role in their treatment planning process and managing their own recovery process;
- Assist clients with developing skills that have been impacted by the client's mental illness;
- Assist clients in community re-entry following hospitalization;
- Share Recovery story as appropriate to provide hope and to help change patterns and behaviors.

Only NON-RELATIVES may provide recommendations.

Please do not complete this form if you are related to the applicant

Recommendation for Certification Form

Section 1:

Please describe the nature of your relationship with the applicant and describe why you believe the applicant would be successful in the role of a Certified Peer Specialist.

Section 2:

"I hereby certify that I have been in a position to observe and have first hand knowledge of

(Name of Applicant) _____, ***and am attesting that the applicant is someone I would recommend for certification. By my signature I acknowledge that the above material is true, to the best of my knowledge."***

Relationship to Applicant: ____ Professional ____ Personal ____ Other: _____

Printed Name

(_____) _____
Phone Number

Signature

Date

EXPERIENCE VERIFICATION FORM INSTRUCTIONS

The Experience Verification Form is used to document the applicant's prior work and/or volunteer experience in the field of mental health, recovery, or peer support.

The applicant is required to have a minimum of 100 hours of work and/or internship experience in the field of mental health, recovery, or peer support prior to applying for certification.

Directions: The applicant provides the Experience Verification Form to their current or former employer's personnel officer, supervisor or designee for completion and signature. This form may not be signed by a relative. The personnel office, supervisor, or designee must mail the completed form directly to the Division of Mental Health and Substance Abuse Services. The DMHSA will not accept experience verification provided by the applicant.

If multiple agencies need to verify experience, the applicant must make copies of the Experience Verification Form for each individual employer to complete.

Experience Verification Form

The applicant named below is applying for Peer Specialist certification with the Department of Human Services. As part of the application process, the applicant must provide verification of at least 100 hours of related work and/or internship experience in the field of mental health recovery.

Please complete this form and mail to:

Division of Mental Health and Substance Abuse Services
Peer Specialist Certification
1237 West Divide Avenue, Suite 1C
Bismarck, North Dakota 58501-1208

Please call us at 701-328-8920 if you have any questions. Thank you.

Applicant's Name: _____

Applicant's Role: ____ Volunteer ____ Paid Employee

Applicant's Title: _____

Employer/Agency Name: _____

City/State: _____

Applicant's Date(s) of Experience: From: __/__/__ To: __/__/__

Total Hours Worked or Interned in Mental Health, Recovery, or Peer Support: _____

Please provide a detailed description of the applicant's duties:

You may attach a copy of the position description in lieu of describing the job duties, if applicable.

Name: _____ Phone Number: _____

Title: _____ Email: _____

"By my signature I acknowledge that the above material is true, to the best of my knowledge."

Signature

TRAINING VERIFICATION FORM

Directions:

1. Use this form to document all training completed as part of the certification process.
2. Completion of the following 12 modules is required for certification.
3. A certificate of completion for each of the following first 10 modules will print out at the time you successfully complete each module. All ten certificates of completion must accompany your application.
4. A certificate of completion will not print out for Modules 11 & 12.
5. Indicate the date you completed each module on the form.

Module	Date Completed	DHS Use
Recovery e-course 1: Recovery is Real		
Recovery e-course 2: Self-determination Fuels Recovery		
Recovery e-course 3: The Language of Recovery		
Recovery e-course 4: Planning that Promotes Recovery		
Recovery e-course 5: Let's Start Living Large		
Recovery e-course 6: The Resiliency Factor		
Peer Specialist e-course 1: Peer Specialists 101: Research, Core Competencies and Ethics		
Peer Specialist e-course 2: The Five Stages in Recovery and the Role of Peer Specialists		
Peer Specialist e-course 3: Using Your Recovery Story		
Peer Specialist e-course 4: Effective Supervision of Peer Specialists		
Mental Illness: An Illness Like Any Other Part 1		
Mental Illness: An Illness Like Any Other Part 2		

"By my signature I attest that I completed the training indicated above."

Signature of Applicant

Date

MAINTAINING CERTIFICATION

Upon receipt of the certificate, the individual moves into the credential maintenance phase, which includes the following annual continuing education and renewal requirements.

CONTINUING EDUCATION UNITS

Certified Peer Specialists (CPS) must earn 10 Continuing Education Units (CEUs) each year to maintain certification.

Each hour of attendance at the Clinical Forum, Consumer Conference, or other training relevant to Mental Health, Recovery, or Peer Support, will count as 1 CEU.

RENEWAL

To renew a certification, the certified individual must submit the completed Continuing Education Unit (CEU) Documentation form to the DMHSA annually, within 30 days following the completion of a 12 month time period beginning with the date of your initial certification or subsequent renewal date. Failure to provide the CEU Documentation may result in immediate termination of certification.

DMHSA will mail a certificate to the individual indicating that certification has been renewed.

The employing agency of the Certified Peer Specialist shall immediately contact the Division of Mental Health and Substance Abuse Services and provide written notification within fourteen (14) business days, of any of the following:

- Any change in the Certified Peer Specialist's name, address, or other contact information.
- Any change in the Certified Peer Specialist employment or employment status.
- A change in the agency staff person responsible for providing supervision even if agency does not change. Each Certified Peer Specialist must be under the supervision of a mental health professional as defined by the State
- Certified Peer Specialist no longer provides direct peer to peer services.
- Certified Peer Specialist violates the Certified Peer Specialist Code of Ethics.

Note: Failure to provide notification of any of these conditions may result in, but is not limited to, immediate termination of certification.

CONTINUING EDUCATION VERIFICATION FORM

Directions:

1. Use this form to document all training completed as part of the continuing education process.
2. All entries must be supported by certificates or other supporting documentation; OR the trainer or your supervisor must sign by each entry in the signature column below.
3. You must document a minimum of 10 hours of training per year. Training must be relevant to mental health, recovery, or peer support.
4. Reproduce this form as necessary.

Title of Training	Training Provider and Date of Trainings	Type of proof submitted, i.e. certificate, etc., or Signature of Trainer or Supervisor	Clock Hours	DHS Use
<i>Effective Advocacy Skills</i>	<i>Clinical Forum - 4/23/09</i>	<i>Certificate</i>	<i>4</i>	

“My signature below attests that I have completed the training identified above.”

Signature of Peer Specialist

Date

PART THREE

RELATED POLICY

BACKGROUND CHECK POLICY

The employing agency must require Criminal Background, Child Abuse and Neglect, and Sex Offender Registry checks as a condition of employment. The following conditions apply:

1. Applicants must be released from all court-ordered and/or voluntary supervision to be eligible for certification.
2. Applicants are not eligible for certification until they have been violation free for the last 12 month period.
3. If the applicant has ever been convicted of a crime against a child, the applicant is not eligible for certification.
4. If the applicant has ever been convicted of a crime against adult persons, the applicant's criminal background report will be submitted to the DMHSA for review and action.
5. If the applicant has ever been convicted of a crime associated with the disease of drug and/or alcohol addiction, and the charge is less than 5 years old, the applicant's criminal background report will be submitted to the DMHSA for review and action.
6. All other questionable background check issues will be reviewed for action by the DMHSA.

The individual will not be certified until the employing agency verifies the criminal background, child abuse and neglect, and sex offender registry check processes have been completed.

The Department of Human Services reserves the right to request criminal background, child abuse and neglect, and Sex Offender Registry checks at their discretion.

Criminal Background, Child Abuse and Neglect, and Sex Offender Registry Check Verification Form

***Note:** This form to be completed by, and submitted to the DMHSA, by the employing agency.

I certify that _____ has completed the required Criminal
(Name of Employing Agency)

Background, Child Abuse and Neglect, and Sex Offender Registry Check Processes, on
_____, and (check all that apply):
(name of employee)

1. ____ The applicant is not under court-ordered and/or voluntary supervision.
2. ____ The applicant has been violation free of any felony or first degree misdemeanors for the last 12 month period.
3. ____ The applicant has never been convicted of a crime against a child.
4. ____ The applicant has never been convicted of a crime against adult persons.
5. ____ The Applicant has not been convicted of a crime associated with the disease of drug and/or alcohol addiction in the past 5 years.

Employer Signature

Date

NOTE: If any of the above are not checked, the criminal background, child abuse and neglect, and sex offender registry checks results must be forwarded to the DMHSA for review and further action for certification to be considered.

Submit the completed form to:

**Division of Mental Health and Substance Abuse Services
Peer Specialist Certification
1237 West Divide Avenue, Suite 1C
Bismarck, North Dakota 58501-1208**

ARREST AND/OR INCARCERATION AFTER CERTIFICATION

In the event of an arrest and/or conviction of a felony or first degree misdemeanor, the certified individual must notify the DMHSA of such occurrence within five (5) business days of the arrest. The DMHSA will place the certified individual on inactive status until the charges are resolved and /or all court-ordered or voluntary supervision has been completed.

In the event that the charge(s) are dropped, the certified individual may submit a copy of such to the DMHSA and request reinstatement.

In the event of conviction, and upon completion of all court-ordered and/or voluntary sanctions, the individual may petition the DMHSA for reinstatement.

The DMHSA reserves the right to complete or request background checks on any applicant or certified individual, at any time, and for any reason.

INACTIVE STATUS

An individual is either certified or on inactive status. While on inactive status, the credential may not be used.

A Certified Peer Specialist may move from certified to inactive status in several ways:

1. A suspension or revocation due to ethical violation will result in inactive status.
2. A certified individual may request inactive status, yet remain in good standing, for a maximum of three years. The certified individual must contact the DMHSA to get reinstated for a credential voluntarily placed on inactive status. The individual requesting reinstatement must submit a CEU Documentation Form indicating that 10 CEU's have been obtained within the 12 months prior to the request to be reinstated. The date of reinstatement will serve as the beginning of the 12 month renewal period; thus subsequent CEU Documentation forms will be due at DMHSA within 30 days following the twelve month period since reinstatement.

If the certified individual allows more than three years to pass prior to requesting reinstatement, the DMHSA will close the credential and the individual must apply anew.

APPEALS PROCESS

When an applicant is denied certification, questions the result of the application review, questions examination results, or is subject to an action by the DMHSA that he/she deems unjustified, the applicant has the right to an inquiry and appeal.

THE INQUIRY

An inquiry is when an applicant requests a written summary from the DMHSA that explains the reason for the denial or action in question. The DMHSA provides the written summary notice to the applicant. (If the applicant does not agree with the decision of the DMHSA, he/she may request a hearing to appeal the action.

The applicant may appeal the decision of the DMHSA within 30 days of receipt of the summary notice or any other action deemed unjustified, by sending a certified letter to DMHSA.

THE APPEAL HEARING

All Appeal Hearings are oral, face-to-face meetings between the applicant and the Hearing Committee.

Within 20 business days after receipt of the applicant's request for an appeal hearing, the DMHSA will appoint a three-person Hearing Committee consisting of individuals who have no potential or actual conflict of interest with either side.

The DMHSA will send, by certified mail, a notice of the Hearing Committee to the appealing party. The hearing will be scheduled no less than 20 business days and no more than 90 business days from the date of the hearing notice. The appealing party will be informed of the results of the hearing, by certified mail, within 20 business days of the hearing. The decision of the Hearing Committee is final and cannot be appealed.

Certification Checklist

Name of Applicant: _____

APPLICANT	DHS Use Only
<input type="checkbox"/> Have you made a copy of your application and all supporting documentation?	Date Received:
<input type="checkbox"/> Have you completed and signed the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Have you signed and submitted the Assurance & Release Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Have you reviewed the Code of Ethics, and signed and submitted the Acknowledgement Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Have your employers submitted Experience Verification Form(s) indicating a minimum of 100 hours of employment or volunteer experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Have your two references submitted the Recommendation for Certification Forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Have you completed the required training, and submitted the Training Verification Form and required certificates of completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Has your employer submitted the Background Check Verification Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- ☐ Applicant does not meet minimum standards for certification.
- ☐ Application not complete. Returned to applicant.
- ☐ Applicant meets minimum standards for certification.
- ☐ Certificate Issued on: _____

DMHSA Signature

Date

The Department of Human Services may refuse to issue a credential to any applicant, may issue a reprimand, or suspend or revoke the credential of any certified individual who has been convicted of a felony, is found to have been in violation of the Code of Ethics, or falsifies any information.